PATENT APPLICATION SEE DETERMINATION DEG							Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective December 8, 2004							O9/8/9991)				
	CLAIMS AS FILED - PART I						SMAL	L ENTIT	<del>/</del> γ	OTH	ER THAN
۲,	OTAL CLAIN	10	(Colu	ımn 1)	(Cc	olumn 2)	TYPE				L ENTITY
			<del> </del>	·			RAT	E F	Ε	RATE	FEE
FOR			NUMB	NUMBER FILED		NUMBER EXTRA		FEE	0	R BASIC F	EE
TOTAL CHARGEABLE CLAIMS			3	minus 20=			X\$ 2	5=		R X\$50:	_
IN	DEPENDENT	CLAIMS		minus 3 =			X100		°	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<del></del>
М	ULTIPLE DEP	ENDENT CLAIM	PRESENT	<del></del>	<del></del>	П	1 1	)=	<b> </b> º	R X200=	-
* 1	f the differen	ce in column 1	io logo these	oce than zero enter "O" in anter o			+180	)=	0	R +360=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	AL		R TOTAL	
CLAIMS AS AMENDED - PART II									<del></del>	OTHE	R THAN
	1-/1	(Column 1) CLAIMS	1	(Colum		(Column 3)	SMAI	L ENTIT		SMALI	ENTITY
AMENDMENT A	1/1/0	REMAINING AFTER AMENDMENT	-	NUMB PREVIO PAID F	USLY	PRESENT EXTRA	RATE	ADE TION FE	AL	RATE	ADDI, TIONAL FEE
	Total	. 10	Minus	-	70	=	X\$ 25	=	71of	X\$50=	17
	Independent	• /	Minus	***	3	= /	X100=		<i>H</i>	Your	1/
	FIRST PRES	ENTATION OF N	MULTIPLE D	EPENDENT	CLAIM		7,100	+ /	OF	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<del>//</del>
							+180=		OR	+360=	1
							TOT/ ADDIT, FE	_ ,	OR	ADDIT, FEE	
		(Column 1) CLAIMS	1	(Columi		(Column 3)	····				
AMENDMENT B	·	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	RATE	ADDI TIONA FEE	NL.	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 25=		OR	X\$50=	755
	Independent	• .	Minuś	***		=	X100=	<del> </del>			
1	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT C	LAIM		×100=		OR	X200=	
						•	+180=		OR	+360=	
		·					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1)	·	(Column		(Column 3)					
: ├-		REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R BLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	otal	*	Minus	##		=	X\$ 25=	FEE	1 1		FEE
	ndependent	*	Minus	A##		=	X100=	<del> </del>	OR	X\$50=	
F	IRST PRESE	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u></u>	OR	X200=	
If D	e entry in colum	+180=		OR	+360=						
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE ADDIT. FEE											
·Th	Highest Numb	per Previously Paid	For (Total or	Independent)	is the h	ghest number fo	ound in the ap	propriate be	x in colu	mn 1.	